



Commonwealth of Massachusetts  
City/Town of  
**Title 5 Letter of Non-Compliance**  
**Form 7**

DEP has provided this form for use by local Boards of Health if they choose to do so.

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**CERTIFIED MAIL**

Dear \_\_\_\_\_  
Name

It has come to the attention of \_\_\_\_\_  
Approving Authority

That the on-site sewage disposal system owned/operated by you and located at

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town State Zip Code

Is not being properly maintained in accordance with 310 CMR 15.300 (and/or any Local Inspection and Maintenance Plan or Local Requirements):

\_\_\_\_\_  
Specify Local Requirements

The following items have been found to be in non-compliance with Title 5 – the State Environmental Code.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the following action(s) be taken within \_\_\_\_\_  
number of days

And that you inform this office when those actions have been completed.

Please be advised that failure to perform the specified actions may result in further enforcement actions.

\_\_\_\_\_  
Approving Authority Signature

\_\_\_\_\_  
Approving Authority Name Date